

**New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Environmental and Occupational Health Assessment Program
PO Box 369, Trenton, NJ 08625-0369**

Email Address: iep.program@doh.state.nj.us

Submission Fee: \$1,500.00

**Child Care Center – Indoor Environmental Health Assessment
FORM A: SUBMISSION INFORMATION**

For State Use Only	
Tracking No.	Date Received
<input type="checkbox"/> Check	<input type="checkbox"/> MO No.: _____
Logged In by:	

Directions: Please print clearly or type. The Indoor Environmental Health Assessment (IEA) forms A-H, **MUST** be completed by a consultant licensed by the Department of Health. A list of licensed consultants can be found at <http://nj.gov/health/iep/documents/const.pdf>. The submission fee (allow 6-8 weeks for the check to clear), Department of Environmental Protection approval letter, radon test results (<5 years old), asbestos and lead inspection reports (for buildings built prior to 1978), and any other necessary documentation **MUST** be included as part of the Indoor Environmental Health Assessment. Once we have received the above items, the review process will begin.

I. Environmental Consultant Information and Type of Facility				
Consultant Name			DOH Certification No.	
Individual Who Conducted Assessment (use separate sheet for more than one)			DOH Approval No.	
Select the Type of Facility: <input type="checkbox"/> Child Care Center (complete Sections II and IV below) <input type="checkbox"/> Educational Facility (complete Sections III and IV below)				
II. Child Care Center Information				
Child Care Center Name		DCF License Number	County	
Street Address	City		State	Zip Code
Child Care Center Contact Name		Title		
Child Care Center Email Address		Daytime Telephone	Fax Number	
Mailing Address	<input type="checkbox"/> Check if same as above	City	State	Zip Code
Operator Name	<input type="checkbox"/> Check if same as Contact Name		Daytime Telephone	
Building Owner Name	<input type="checkbox"/> Check if same as Contact Name		Daytime Telephone	
Child Care Center License Data (Reason for Application): <input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application, specify expiration date: ____/____/____ <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Other, Specify: _____				
III. Educational Facility Information				
Building Information				
Building Name		Type of Activity Being Conducted (check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Renovation/Remodeling <input type="checkbox"/> Addition <input type="checkbox"/> Other, Specify: _____		
Street Address	City		Zip Code	County
School District		Contact Information		
District Name		Contact Name		Daytime Telephone
Street Address		Title		
City	State	Zip Code	Email	

Child Care Center – Indoor Environmental Health Assessment
FORM A: SUBMISSION INFORMATION
(Continued)

IV. Certification of Compliance to be Signed by Authorized Consultant Representative		
<p>As an authorized representative of the consultant firm identified in Section I of this document, I hereby certify under penalty of law, that this document and all information required to be provided for the Indoor Environmental Health Assessment (IEHA), are true, accurate and complete to the best of my professional knowledge and judgment. I also certify that all individuals who conducted the IEHA are qualified personnel and that all samples and information was collected in accordance with appropriate regulatory requirements. In addition, I am aware that there are significant penalties for submitting false information, including the suspension of my firm's Consultant Certification as well as penalties of up to \$25,000 per day for the first offense and \$50,000 per day for the second and each subsequent offense.</p>		
Authorized Consultant Representative <i>(Please print legibly or type)</i>	Title	
Signature		Date

Child Care Center – Indoor Environmental Health Assessment
FORM A: SUBMISSION INFORMATION
(Continued)

INDOOR ENVIRONMENTAL HEALTH ASSESSMENT - CHECKLIST OF REQUIRED DOCUMENTATION <i>Check off each item to ensure that it is attached and include this form with submission.</i>		
X	Form	Building and Site Information
<input type="checkbox"/>	A	Submission Information: <ul style="list-style-type: none"> Consultant Facility type, name and address Certification statement by authorized consultant representative
<input type="checkbox"/>	B	Historical and Current Uses of Building and Site: <ul style="list-style-type: none"> Describe current conditions and uses of the child care center or educational facility site and building Provide building history Identify all chemicals, contaminants and areas of concern from previous uses of the site or building Identify all current chemicals, contaminants and areas of concern in the child care center or educational facility or in adjacent and proximate businesses Assessment of adjacent businesses or known contaminated sites which can impact the child care center or educational facility Industrial Site Recovery Act information
<input type="checkbox"/>	C	Descriptions and Conditions of Building Components: <ul style="list-style-type: none"> Describe interior building components Describe exterior building components Indicate any other building component of concern
<input type="checkbox"/>	D	Description of Heating and Cooling System <ul style="list-style-type: none"> Describe HVAC system Describe fuel/energy source Describe where make-up/fresh air comes from (if any)
<input type="checkbox"/>	E	Water and Sewer Information <ul style="list-style-type: none"> Describe potable water system Describe waste system Indicate any concerns about either
<input type="checkbox"/>	F	Hazardous Substances and Vapor Intrusion <ul style="list-style-type: none"> Indicate if asbestos, lead-based paint, mold, or volatile organic compounds are/were present, their condition and location Indicate if other metals (besides lead) are/were present, their condition and location Indicate if other hazardous substances (other than previously indicated) are/were present, their condition and location Evaluate the potential for vapor intrusion, identify the chemical(s), and include site diagram indicating source Indicate whether or not an underground storage tank is present; if so indicate where it is, what it contains and included a site diagram indicating location.
<input type="checkbox"/>	G	Summary of Testing and Evaluation Results <ul style="list-style-type: none"> List all tests performed, include contaminant, sample result, sample number, sample date, sample type, analytical method, and sample location for each sample taken Attach site drawings that identify sampling and testing locations Attach copies of field sampling forms and analytical laboratory reports Attach copies of all sample chain of custody documents If no samples were taken, check the box at the top of the first page and leave the rest blank.
<input type="checkbox"/>	H	Assessment Summary, Conclusions, Recommendations and Corrective Measures <ul style="list-style-type: none"> Only an authorized representative of the consultant form can complete and sign this form The summary, conclusions and recommendations resulting from the assessment must be included here. In addition, any type of resulting corrective measures must also be outlined, including sample results from any clearance sampling and name and address of the contractor performing the work.
ADDITIONAL INFORMATION THAT MUST TO BE INCLUDED (UNLESS OTHERWISE NOTED)		
<input type="checkbox"/>	Non-refundable certification fee: certified check or money order made payable to the "New Jersey Department of Health" for the amount of \$1,500.	
<input type="checkbox"/>	Site drawings that identify the proposed/existing child care center or educational facility and areas or businesses of concern	
<input type="checkbox"/>	A copy of a "No Further Action Letter" or equivalent issued by the NJDEP	